

Consumer Name				Event Date											
16. MEDICATION ERROR CATEGORY (Select One)				17. MEDICATION ERROR SEVERITY RATING (Select One)											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Failure to Administer</td> </tr> <tr> <td style="width:50%; vertical-align: top;"> Reason: <input type="checkbox"/> No Physician Order <input type="checkbox"/> Wrong Dose <input type="checkbox"/> Wrong Form <input type="checkbox"/> Wrong Medication </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Wrong Person <input type="checkbox"/> Wrong Route <input type="checkbox"/> Wrong Time </td> </tr> </table>				Failure to Administer		Reason: <input type="checkbox"/> No Physician Order <input type="checkbox"/> Wrong Dose <input type="checkbox"/> Wrong Form <input type="checkbox"/> Wrong Medication	<input type="checkbox"/> Wrong Person <input type="checkbox"/> Wrong Route <input type="checkbox"/> Wrong Time	Minimal: No treatment or intervention other than monitoring or observation. Notification and written report to Regional Center within five (5) working days of discovery unless a suspicion or allegation of neglect. Moderate: Treatment and/or interventions in addition to monitoring or observation Serious: Life Threatening and/or permanent adverse consequences							
Failure to Administer															
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18. EVENT/INCIDENT TYPE (Select One) ** emergency medical intervention or hospitalization of consumer				19. DID THE EVENT RESULT IN											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Choking With ** <input type="checkbox"/> Violation of Client Rights in <input type="checkbox"/> RSMo 630.110 & 630.115 <input type="checkbox"/> Consumer Struck Object <input type="checkbox"/> Resulting in injury <input type="checkbox"/> Elopement/Unauthorized absence when absence raises reasonable concern for the safety of consumer or others, or concern the Consumer will not return <input type="checkbox"/> Fall with ** <input type="checkbox"/> Fire <input type="checkbox"/> Inappropriate language by staff toward consumer (Verbal Abuse 9-CSR 10-5.200) <input type="checkbox"/> Ingestion of non-food item <input type="checkbox"/> Medical Emergency </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Misuse of consumer funds/property-(9 CSR 10-5.200) <input type="checkbox"/> Physical altercation-consumer & non-staff <input type="checkbox"/> Physical altercation-consumer & consumer <input type="checkbox"/> Physical altercation-consumer & staff <input type="checkbox"/> Possession of weapon <input type="checkbox"/> Property loss/destruction <input type="checkbox"/> Sexual Conduct-consumer non-consensual <input type="checkbox"/> Sexual Conduct-consumer & staff <input type="checkbox"/> Suicide Attempt <input type="checkbox"/> Theft by Consumer <input type="checkbox"/> Vehicular Accident <input type="checkbox"/> Other: </td> </tr> </table>				<input type="checkbox"/> Choking With ** <input type="checkbox"/> Violation of Client Rights in <input type="checkbox"/> RSMo 630.110 & 630.115 <input type="checkbox"/> Consumer Struck Object <input type="checkbox"/> Resulting in injury <input type="checkbox"/> Elopement/Unauthorized absence when absence raises reasonable concern for the safety of consumer or others, or concern the Consumer will not return <input type="checkbox"/> Fall with ** <input type="checkbox"/> Fire <input type="checkbox"/> Inappropriate language by staff toward consumer (Verbal Abuse 9-CSR 10-5.200) <input type="checkbox"/> Ingestion of non-food item <input type="checkbox"/> Medical Emergency	<input type="checkbox"/> Misuse of consumer funds/property-(9 CSR 10-5.200) <input type="checkbox"/> Physical altercation-consumer & non-staff <input type="checkbox"/> Physical altercation-consumer & consumer <input type="checkbox"/> Physical altercation-consumer & staff <input type="checkbox"/> Possession of weapon <input type="checkbox"/> Property loss/destruction <input type="checkbox"/> Sexual Conduct-consumer non-consensual <input type="checkbox"/> Sexual Conduct-consumer & staff <input type="checkbox"/> Suicide Attempt <input type="checkbox"/> Theft by Consumer <input type="checkbox"/> Vehicular Accident <input type="checkbox"/> Other:	Report any of the following three incidents : <input type="checkbox"/> Consumer Self Harm <input type="checkbox"/> Graphic Threat of Harm <input type="checkbox"/> Seizures Only if: * unusual and not being addressed in the Personal Plan * there is an injury; or * there is an allegation/ suspicion of neglect									
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Check all that apply: <input type="checkbox"/> Injury to consumer <input type="checkbox"/> Use of Physical Restraint <input type="checkbox"/> Administration of PRN Psychotropic Medication <input type="checkbox"/> Hospitalization/Non-Injury <input type="checkbox"/> None of the above <div style="background-color: #cccccc; padding: 5px; border: 1px solid black;"> If Injury, complete 20, 21, 22, 23 </div>															
20. INJURY TYPE (Select One)				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:12.5%;"><input type="checkbox"/> Accident</td> <td style="width:12.5%;"><input type="checkbox"/> Consumer Inflicted</td> <td style="width:12.5%;"><input type="checkbox"/> Other Inflicted</td> <td style="width:12.5%;"><input type="checkbox"/> Self Inflicted</td> <td style="width:12.5%;"><input type="checkbox"/> Staff Inflicted</td> <td style="width:12.5%;"><input type="checkbox"/> Unknown</td> </tr> </table>				<input type="checkbox"/> Accident	<input type="checkbox"/> Consumer Inflicted	<input type="checkbox"/> Other Inflicted	<input type="checkbox"/> Self Inflicted	<input type="checkbox"/> Staff Inflicted	<input type="checkbox"/> Unknown		
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21. INJURY SEVERITY: (Select One)				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33.33%;"><input type="checkbox"/> Medical Intervention</td> <td style="width:33.33%;"><input type="checkbox"/> Hospitalization</td> <td style="width:33.33%;"><input type="checkbox"/> Death</td> </tr> </table>				<input type="checkbox"/> Medical Intervention	<input type="checkbox"/> Hospitalization	<input type="checkbox"/> Death					
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22. INJURY DESCRIPTION (CHECK ALL THAT APPLY)				23. INJURED BODY PARTS (CHECK ALL THAT APPLY)											
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24. IMMEDIATE ACTION TAKEN BY AGENCY AND ACTION STEPS TO PREVENT REOCCURENCE (To be completed by agency management)															
25. Signature-Reporter		Phone Number		Date-		Time-									
26. Signature-Agency management/Supervisor				Date-											
27. Signature-Service Coordinator				Date-											
28. Signature-Other DMH Staff				Date-											
29. ACTION/ COMMENTS (To be completed by DMH)															
Suspicion or Allegation of Abuse, Neglect or Misuse of Consumer Funds/Property?						<input type="checkbox"/> Yes <input type="checkbox"/> No									
If YES, must be entered into iiTs within 24 hours															
Suspected Manner of Death		<input type="checkbox"/> ACCIDENT		<input type="checkbox"/> HOMICIDE		<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED									